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Page 1 of 2

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/788,433	02/27/2004	Joe M. Poss	16869Q-092400US

20350  
TOWNSEND AND TOWNSEND AND CREW, LLP  
TWO EMBARCADERO CENTER  
EIGHTH FLOOR  
SAN FRANCISCO, CA 94111-3834

CONFIRMATION NO. 7007  
FORMALITIES LETTER



\*OC000000012730953\*

Date Mailed: 05/20/2004

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

***Filing Date Granted***

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

07/26/2004 FFANAIAR 00000049 201430 10788433

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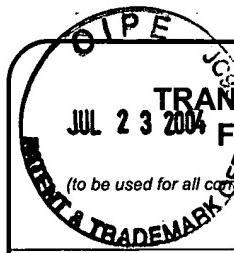
*A copy of this notice **MUST** be returned with the reply.*

HN

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/788,433
		Filing Date	February 27, 2004
		First Named Inventor	Poss, Joe M.
		Art Unit	2655
		Examiner Name	Unassigned
Total Number of Pages in This Submission	/10	Attorney Docket Number	16869Q-092400US

<b>ENCLOSURES</b> <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of executed Declaration and Power of Attorney Supplemental ADS Return Postcard
Remarks      The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Townsend and Townsend and Crew LLP George B. F. Yee	Reg. No. 37,478
Signature		
Date	July 20, 2004	

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Cynthia McKinley		
Signature		Date	July 20, 2004

# FEE TRANSMITTAL

**JUL 23 2004 for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130

**Complete if Known**

Application Number	10/788,433
Filing Date	February 27, 2004
First Named Inventor	Poss, Joe M.
Examiner Name	Unassigned
Art Unit	2655
Attorney Docket No.	16869Q-092400US

**METHOD OF PAYMENT (check all that apply)**

- Check     Credit Card     Money Order     Other     None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity    Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
				X	
				X	
				X	

Large Entity    Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

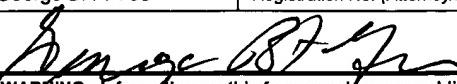
**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	130
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	420		2252	210	Extension for reply within second month	
	1253	950		2253	475	Extension for reply within third month	
	1254	1,480		2254	740	Extension for reply within fourth month	
	1255	2,010		2255	1,005	Extension for reply within fifth month	
	1401	330		2401	165	Notice of Appeal	
	1402	330		2402	165	Filing a brief in support of an appeal	
	1403	290		2403	145	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive – unavoidable	
	1453	1,330		2453	665	Petition to revive – unintentional	
	1501	1,330		2501	665	Utility issue fee (or reissue)	
	1502	480		2502	240	Design issue fee	
	1503	640		2503	320	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	770		2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	770		2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770		2801	385	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$130)

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	George B. F. Yee	Registration No. (Attorney/Agent)	37,478	Telephone	650-326-2400
Signature				Date	July 20, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.